

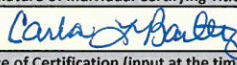


Part 1: Local Educational Agency Information

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|--|--|
| Name of Local Educational Agency | Name of LEA Executive Director (Public Charter Schools Only) |
| HOWARD Road Academy | Dr. LaTonya Henderson |
| Full Address of Local Educational Agency | Email Address of LEA Executive Director (Public Charter Schools Only) |
| 701 Howard Road SE, Washington DC 20020 | lhenderson@howardroadacademy.org |
| Main Telephone Number of Local Educational Agency | Telephone Number of LEA Executive Director (Public Charter Schools Only) |
| 202.610.4193 | 202.610.5712 |
| Name of Primary LEA Contact for Title I LEA Plan | Name of Additional LEA Contact for Title I LEA Plan |
| Usha Jayanthi | Dr. Marva Tutt |
| Position Title of Primary LEA Contact for Title I LEA Plan | Position Title of Additional LEA Contact for Title I LEA Plan |
| Director of Finance | Chief Administrative Officer |
| Email Address of Primary LEA Contact for Title I LEA Plan | Email Address of Additional LEA Contact for Title I LEA Plan |
| ujayanthi@howardroadacademy.org | mtutt@howardroadacademy.org |
| Telephone Number of Primary LEA Contact for Title I LEA Plan | Telephone Number of Additional LEA Contact for Title I LEA Plan |
| 202.610.5712 | 202.610.4193 |

Part 2: LEA Certification

I certify that all of the information contained in this application is true and accurate to the best of my knowledge.
Additionally, I certify that the LEA agrees to all assurances included in the application.
I have been authorized to file this application on behalf of the agency named above.

| | |
|--|---|
| Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) | Signature of Individual Certifying Title I LEA Plan |
| Dr. Carla Bailey |  |
| Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) | Date of Certification (input at the time of signature) |
| Board Chairperson | 01/31/13 |

SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.

OSSE Use Only

| | |
|---------------------------------------|--|
| Date Title I LEA Plan First Received: | |
|---------------------------------------|--|

810 First Street, NE, 9th floor, Washington, DC 20002